

Vulnerable Children and Adults

Government Management, Accountability and Performance

February 14, 2007



Presented by:

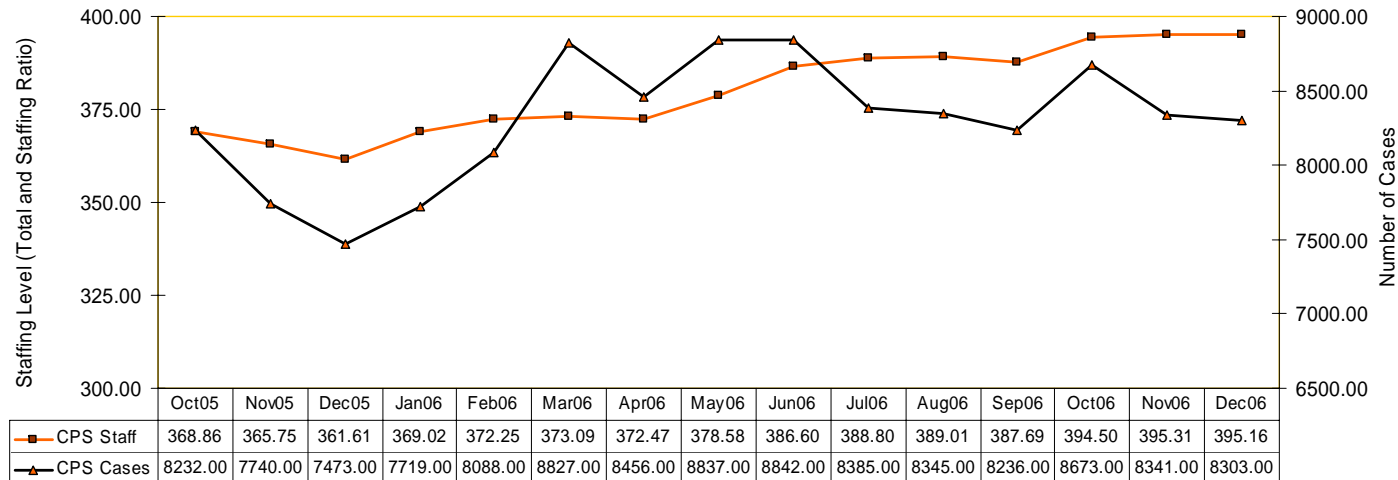
Robin Arnold-Williams, Secretary
Department of Social and Health Services



Fiscal and Staffing Concerns

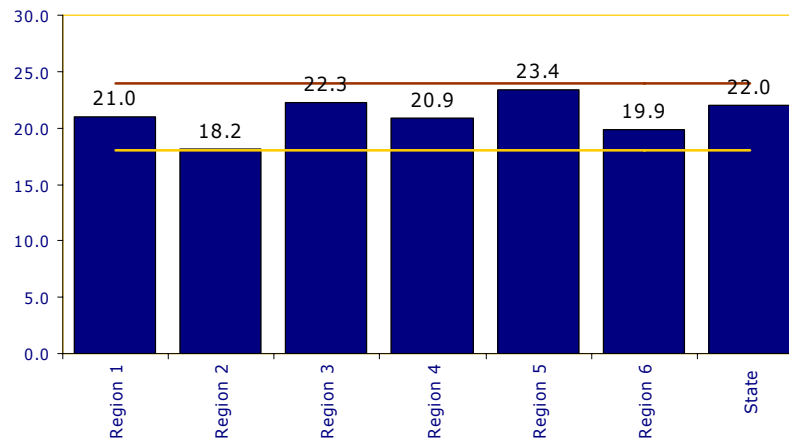
How many cases on average does a CPS Social Worker carry?

CPS Caseload and Staffing Levels



- The CPS/CWS re-design is expected to change case and FTE counts
- Some CPS staff are being shifted to Child and Family Welfare Services (CFWS) and Family Voluntary Services (VS)
- Re-design may shift some CPS cases to CFWS or VS caseloads
- Regional variation reflects differences in caseload trends, shifts in program assignment and staff recruitment/hiring (Sept – Dec 06)

Number of CPS Cases per CPS FTE: By Region
December 2006



KEY	Region Count
	Funded Ratio = 1:24
	Council On Accreditation Ratios = 1:18

Funded ratio decreases to 19.7 by Jun08

- Region 2 – has moved CPS staff to CWS but this is not yet reflected in the HRMS system.
- Region 5 – caseload has grown, staffing down due to vacancies
- Region 6 – staffing up slightly while caseload has declined

DATA NOTES

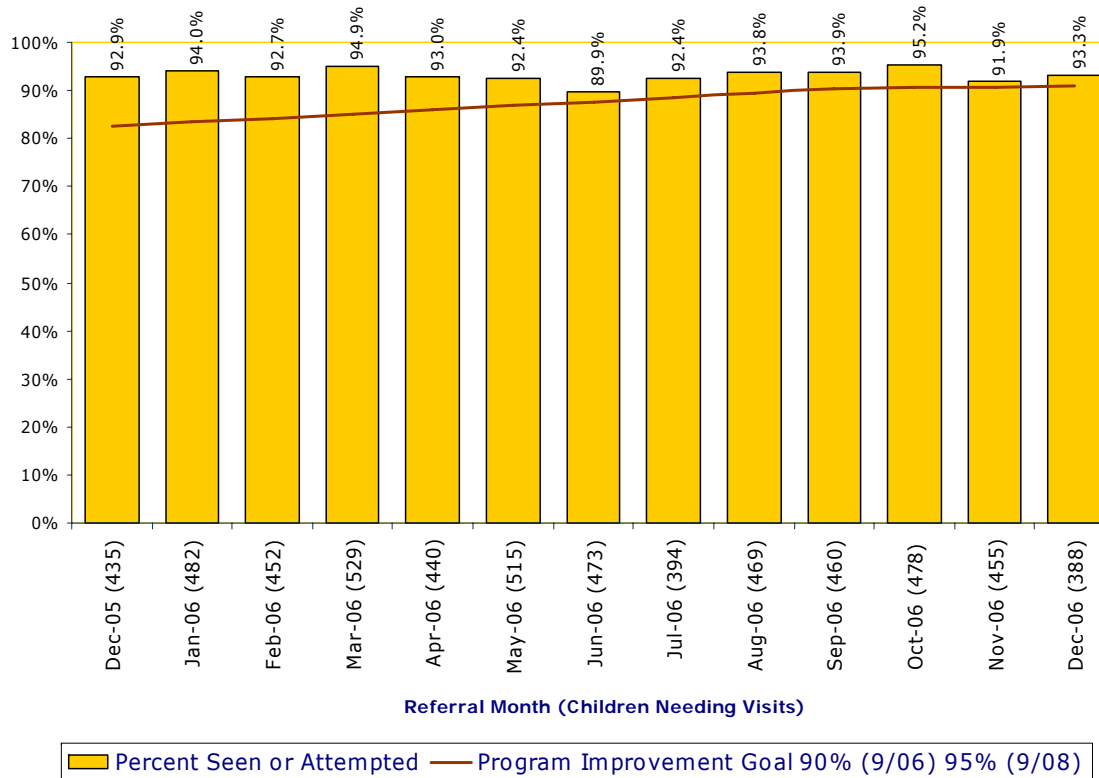
SOURCE: Financial Reporting System & CAMIS Workload Report. Excludes DLR-CPS and cases with no activity for 180 days.

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Children will be safe from abuse and neglect

How quickly do we respond to emergent allegations of abuse or neglect?

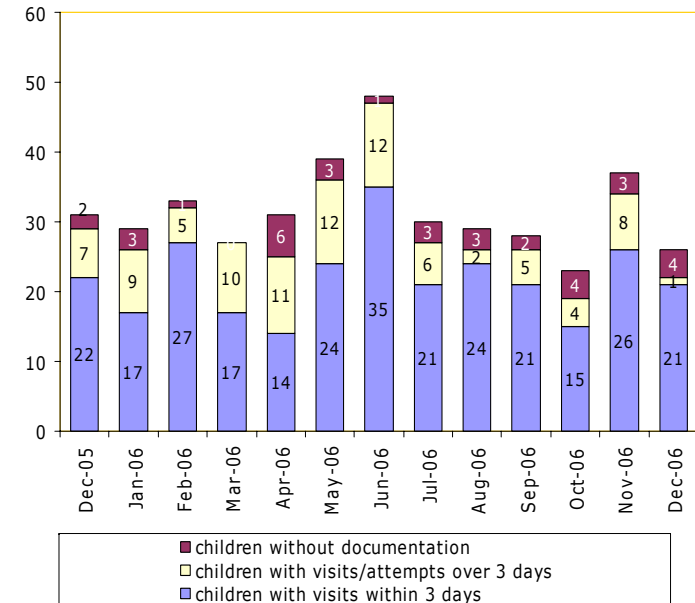
Percent of Children in Emergent Referrals Seen or Attempted Within 24 Hours



Analysis:

- Performance for the most recent month is impacted by data lag
- Among six Regions, five are above 90%
- Five Regions experienced a decline in performance from October to November
- Four Regions improved performance in December compared to November

Records Without Documentation of Timely Visits to Children in Emergency Referrals



DATA NOTES

SOURCE: CAMIS download 1/03/07 , 01/24/07 SER updates. Victims in CPS referrals with a documented face-to-face visit or attempt within policy expectations. Excludes DLR-CPS. Lack of documentation reflects both incorrect documentation or no entry of visit documentation.

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Emergent referral response time: How are regions performing?

Percent of Children in Emergent Referrals Seen or Attempted Within 24 Hours

Sep06 Goal (90%), Sep08 Goal (95%)



DATA NOTES

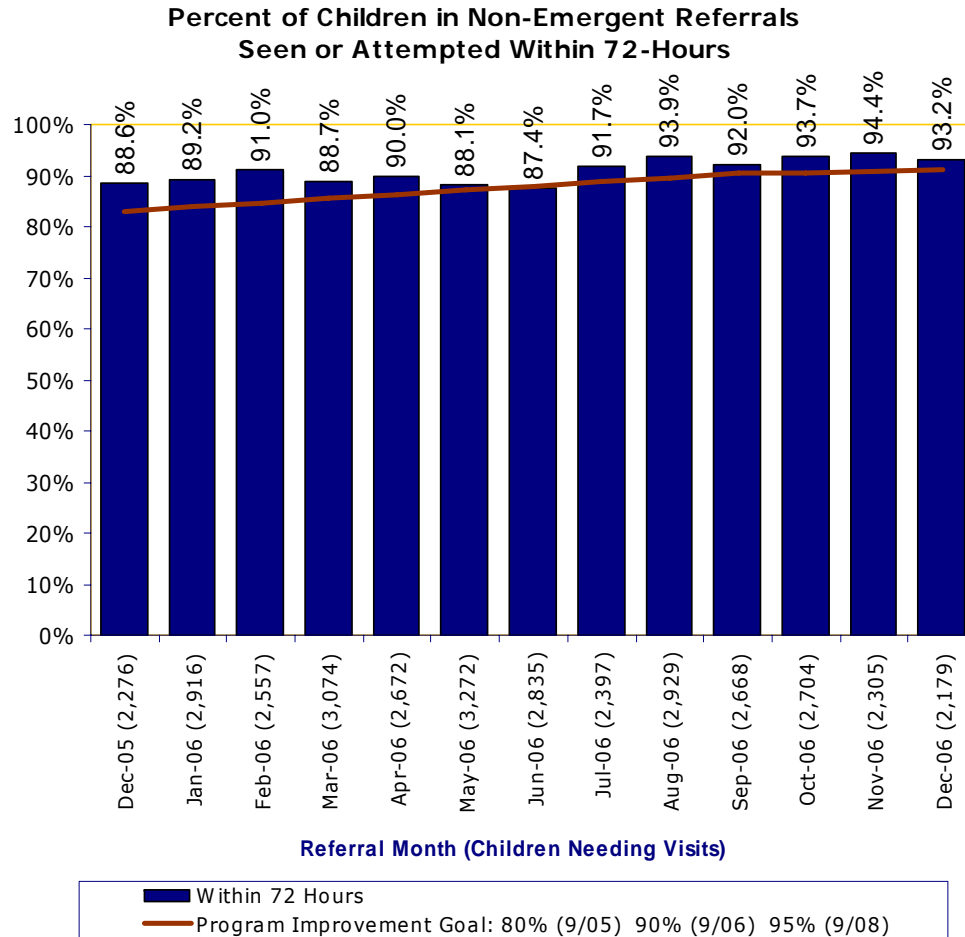
SOURCE: CAMIS download 1/03/07 , 01/24/07 SER updates. Victims in CPS referrals with a documented face-to-face visit or attempt within policy expectations. Excludes DLR-CPS. Lack of documentation reflects both incorrect documentation or no entry of visit documentation.

KEY
 Child seen or attempted to be seen

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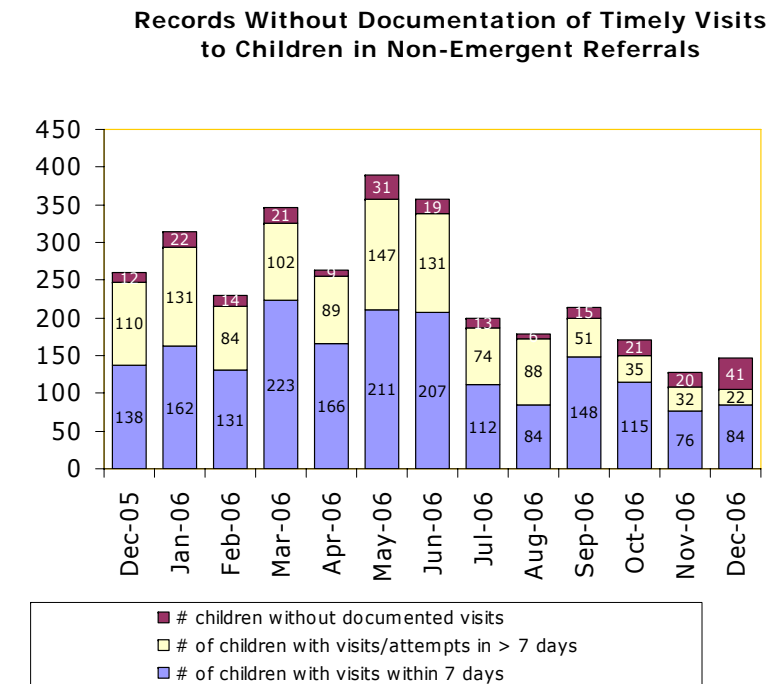
Children will be safe from abuse and neglect

How quickly do we respond to non-emergent allegations of abuse or neglect?



Analysis:

- Performance for most recent month is impacted by data lag
- Five of the six Regions are above 90%



DATA NOTES

SOURCE: CAMIS download 1/03/07 , 01/24/07 SER updates. Victims in CPS referrals with a documented face-to-face visit or attempt within policy expectations. Excludes DLR-CPS. Lack of documentation reflects both incorrect documentation or no entry of visit documentation.

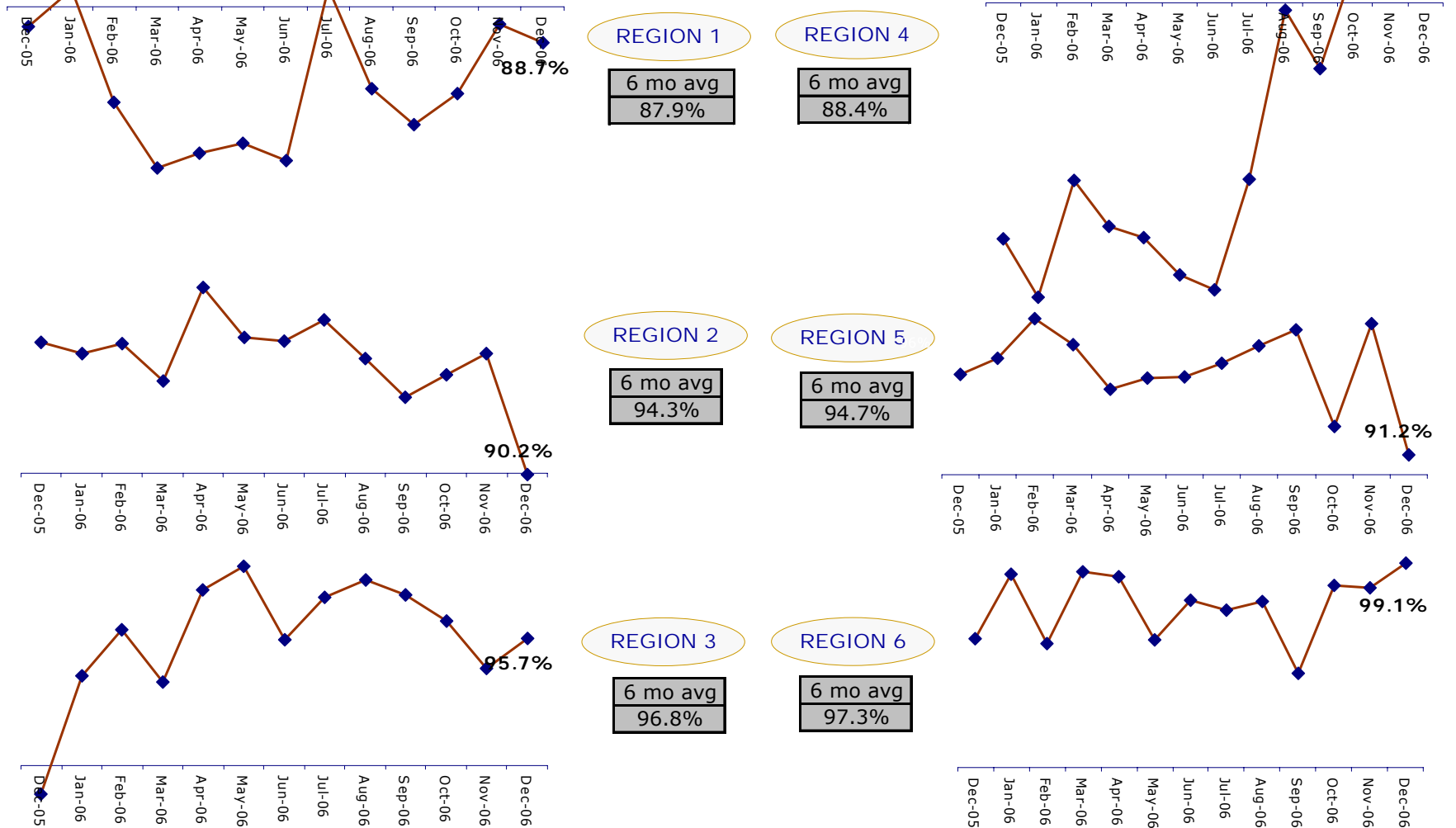
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Non-emergent referral response time: How are regions performing?

Percent of Children in Non-Emergent Referrals Seen or Attempted Within 72 Hours

Sep06 Goal (90%), Sep08 Goal (95%)



DATA NOTES

SOURCE: CAMIS download 1/03/07 , 01/24/07 SER updates. Victims in CPS referrals with a documented face-to-face visit or attempt within policy expectations. Excludes DLR-CPS. Lack of documentation reflects both incorrect documentation or no entry of visit documentation.

KEY
— Child seen or attempted to be seen

Children will be safe from abuse and neglect

What impacts our response to CPS referrals?

Analysis:

- Region 1:
 - Staff are being re-trained and supervisors have been directed to provide very close monitoring of each referral to ensure staff understand time-frames and can properly document visits.
 - The holidays, primarily in November (4-day holiday), contributed to delays in response time both with 24 and 72 hour response in some cases. In several offices (Wenatchee, Newport, Moses Lake, Colville) significant staff changes and absences (reassignment, maternity, illness, promotion) have negatively impacted performance. Region 1 anticipates seeing significant improvement in the current quarter (1/07 – 3/07)
- Rolling implementation of the CPS/CWS re-design model across the state
 - Training on the redesign model has been completed
 - Regions implemented their redesign plans for each offices effective January 2, 2007 (small offices of 8 or less staff were exempted from the redesign)

Actions	Who	Due Date
Action plans submitted for response time improvement in offices consistently falling below the performance target	Field Operations Director Regional Administrators	Completed
Rolling implementation of the CPS/CWS re-design model across the state.	Program and Practice Improvement Director Field Operations Director	Completed

Children will be safe from abuse and neglect

How are we improving CPS response times in under-performing regions?

REGION 1 ACTION PLAN

Action Item	Performance Measure	Timeframe	Accountable Person	Reported to
1. Tools and Supports Creation of a guide for all CPS SW Supervisors identifying required documentation rules, codes and timelines for initial face-to-face visits. Clarify documentation rules, codes and timelines for IFF extensions. Consult with Decision Support Unit.	Completion of reference tools	Completed	Policy Implementer	Regional Administrator
	Understanding of requirements	Completed	Policy Implementer	
2. Training Develop a 10 minute review for all staff, focus groups and meetings over the course of next 6 weeks. Training on the use of performance measurement tools (interactive spreadsheets) by new supervisors	Scheduling and completion of review sessions	Completed	Policy Implementer	Regional Administrator
	New supervisors understand and use interactive spreadsheets	Completed	Area Administrators	
3. Oversight and Performance Management 100% review of open cases to CPS in Spokane & Moses Lake All CPS supervisors understand requirements and expectations regarding 24/72 IFF timelines and requirements. Face-to-face response times and barriers will become a formal part of weekly CPS section meetings. All CPS supervisors in underperforming offices will conduct monthly retrospective reviews of response time performance and provide Area Administrator with results, conclusions, explanations and corrections underway. Use of performance reports by office at management meetings to analyze and share best practices	Each case is reviewed, including response times	Completed	Area Administrators	Regional Administrator
	Email to all supervisors outlining requirements and expectations	Ongoing	Area Administrators	
	Documentation of discussion in section meeting notes	Ongoing	Area Administrators	
	Monthly reports to Area Administrator outlining compliance and issues	Ongoing	Area Administrators	
	Production of monthly reports	Completed	Deputy RA	Area Administrators

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Region 4 Workgroup Update

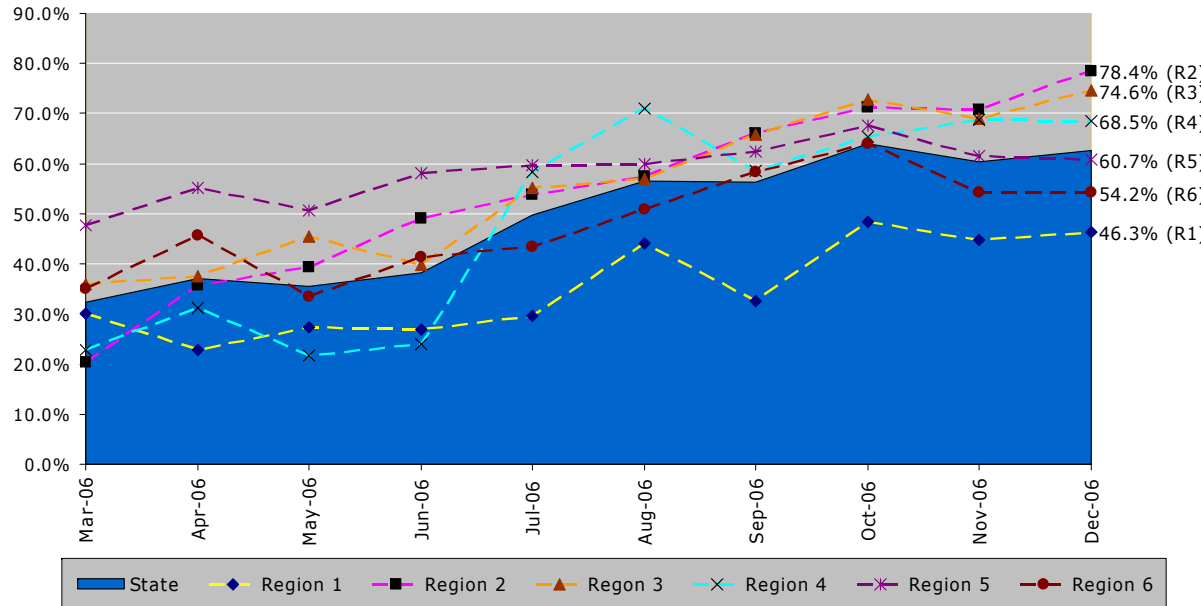
	ISSUE	DESCRIPTION	ACTION	TIMEFRAME	ACCOUNTABLE AGENCY
SHORT TERM ISSUES	Staffing	Reduction of Staff through rebalancing of caseloads across the state in FY06 contributed to increased caseload/workload	Staff have eliminated the backlog of re-distributed referrals	Completed	Region 4
		CPS referrals distributed to other offices from OACCS contributed to increased caseload/workload			
		Difficulty hiring into vacant positions - Certification process & freeze during HRMS implementation led to hiring delays	CA owns certification, now working faster and smoother	On-going	CA
	Documentation	Due to staffing problems, priority placed on visiting children temporarily over CAMIS documentation	Region is filling vacancies and hiring new FTEs from 06 supplemental budget	On-going	Region 4
SYSTEMIC ISSUES	Vehicle Availability	Insufficient cars available to Social Workers for client visits	Waiver request for monthly 1000 mile minimum usage rule sent by CA to DSHS Fleet Manager	Completed Nov. 2006	CA/DSHS
			Region 4 request for additional vehicles ordered	Completed Fall 2006	
			Waiver request has been prepared and on hold awaiting updated procedures from OFM	TBD	
	Staffing	High cost of living in King County	Assignment pay can be pursued for recruitment and retention issues for a job class based on geography – must be for all DSHS administrations DSHS is gathering data for Group C Assignment Pay for all SW's in Region 4 and will then make a decision whether to go forward with assignment pay.	April 2007	DSHS
	Documentation	Training and monitoring by management to improve performance	Regional action plan includes ongoing training, guidance and monitoring on the correct use of CAMIS codes	On-going	Region 4
	Court	Two courts in King County, schedules conflict, no assigned times for hearing, extended wait in court	Hired consultant to work with Region	January 2007	GMAP Office
			Contact Region & schedule meetings to begin process	February 2007	
			Estimated completion of Breakthrough project	June, 2007	

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Are dependent children receiving services in their home visited every 30 days?

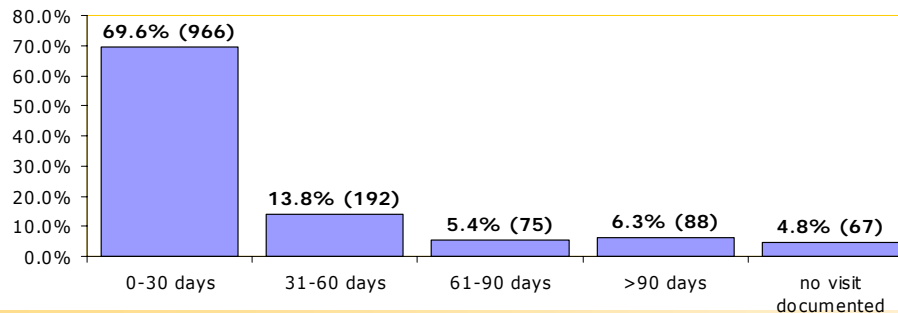
Visits to Dependent Children Receiving Services In Their Home:
Percent Seen or Attempted Within the Last 30 Days (**New Codes**)



Analysis:

- December performance was 62.6%, up 2% from November
- Vacancies, documentation and holidays all played a role in performance declines
- The state-wide interim target for June 2007 is 65%
- CA will review the performance target after completion of the workload study (6/30/07).

Visits to Dependent Children Receiving Services In Their Home:
Days Since Last Visit or Attempt
All visit codes (Dec06)
(n=1,388)



DATA NOTES

SOURCE: CAMIS download 1/3/07, 01/24/07 SER Updates. Data reflects children in an in-home dependency with visits within 30 days, including attempts, based on specific SER action code for 30 day visits. Point in time measure as of the first of the month. Policy originally effective October 1, 2005, revised to 12/21/05 plan for phase-in. New CAMIS SER code to track 30 day visits implemented February 2006.

Children will be safe from abuse and neglect

What impacts the frequency of visits every 30 days?

Analysis:

- 20 of 48 (42%) problem in-home dependency records identified by the Decision Support Unit as needing documentation changes in CAMIS are still showing up as in-home dependency records (14.4% of all current in-home dependency records). 51.6% of Dec06 in-home dependency records are open over 6 months, compared to 52.6% in Sept06. 22.6% have been open more than 1 year, compared to 26% in Jun06
- Region 1: Non-compliance on Courtesy Supervision and ICPC cases is effecting 30 day visit performance
- Region 6: Performance issues include – staff absences due to holidays, annual leave and mandatory training; insufficient FTEs for the caseload in some offices; Courtesy Supervision cases; Confusion regarding the 30 day visitation policy, which cases currently require a 30 day visit.
- Region 4: Offices are reviewing in-home dependency cases to determine whether dependency can be dismissed and to analyze barriers to dismissal. In some instances in-home dependencies continued for over a year. Area Administrators and supervisors are focusing on timely documentation of 30-day visits. In OAACS the Area Administrator has implemented a strategy of moving the date of 30 day and 90 day visits to 20 days and 75 days respectively. Earlier scheduling prevents last minute attempts to comply with the 30 and 90-day timeframes. This will be looked at for region-wide implementation.

Actions	Who	Due Date
Investigate issues of non-compliance with 30 day visit policy for courtesy supervision cases	Field Operations Director	June 30, 2007
Improve accuracy of performance data by reviewing and correcting 30 day visit documentation	Regional Administrators	Efforts are ongoing
Correct in-home dependency documentation in CAMIS for problem records identified by Decision Support Unit audit	Field Operations Director Regional Administrators	Efforts are ongoing

Children will be safe from abuse and neglect

What percent of children were not abused or neglected again?

UPDATED 2/7/07

Recurrence Rates at 6, 12, and 24 Months After Initial Victimization

Initial referral received	Total N	Percent revictimized		
		6-Month	12-Month	24-Month
Jan-Jun 2001	3275	13.0%	14.9%	17.5%
Jul-Dec 2001	2487	13.1%	15.8%	18.9%
Jan-Jun 2002	2921	12.4%	14.3%	17.2%
Jul-Dec 2002	2561	12.7%	14.9%	17.8%
Jan-Jun 2003	2885	13.1%	15.4%	18.6%
Jul-Dec 2003	2901	11.8%	13.6%	16.1%
Jan-Jun 2004	3223	11.2%	13.7%	16.7%
Jul-Dec 2004	3103	12.2%	14.4%	17.7%
Jan-Jun 2005	3316	11.6%	14.4%	17.3%
Jul-Dec 2005	3220	9.5%	~11%	~13%

Estimated rates

- An analysis of the effects of the 24/72 hour response¹ to referrals indicates that children are safer when seen sooner.
- A series of multivariate analyses demonstrated that the decline in recurrence was highly likely to be the result of seeing children more quickly rather than changes in other factors.
- The analysis showed:
 - A marked decline in the rates of recurrence of child abuse for non-emergent referrals and a similar though smaller effect for emergent referrals.
 - Combining both types of referrals, a 25 percent decline in the six-months recurrence rate.
 - A significant association between lower rates of recurrence and faster response times, true even before implementation of the new policies.
 - No significant differences in recurrence rates for referrals granted exceptions to the 24 and 72 hour policies, indicating that the appropriate use of exceptions does not compromise child safety.
 - A similar pattern of lower re-referral rates, whether referrals are founded, inclusive, or unfounded.

POLICY NOTES

¹ CPS Response Time Policy Implementation:

- Emergent Referrals within 24 hours: 4/29/05
- Non-emergent Referrals within 72 hours: 8/8/05

DATA NOTES

Because workers have 90 days to complete their investigations and enter findings into CAMIS, six-month rates for the latest entry cohort period can be accurately determined only for initial referrals received through December 2005 (allowing for a period of six months for re-victimization plus 90 days for investigation and data entry). 12 and 24 month rates are accurately known up to the Jan-Jun 2005 and Jan-Jun 2004 cohorts, respectively. Shaded numbers for later cohorts are estimates that will be revised with later, more complete data.

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How can we reduce the risk of repeat child abuse and neglect?

Actions	Due Date
<p>Rolling implementation of the CPS/CWS re-design model across the state.</p> <ul style="list-style-type: none">• Training on the redesign model has been complete• Regions implemented their redesign plans for each offices effective January 2, 2007 (small offices of 8 or less staff were exempted from the redesign)	Completed
<p>Implement new neglect legislation by providing additional training in every region on family engagement in neglect cases</p> <ul style="list-style-type: none">• 48 training sessions on the new neglect legislation and policy were provided across the state• Approximately 1,500 case carrying social workers and supervisors were trained• Training for new social workers is provided through the Social Worker Academy• Training on "Understanding Neglect" has been provided to social workers and supervisors in every region. Additional, sessions are scheduled January-June 2007• Training on "Engagement" –engaging families in services- has been provided to social workers and supervisors in every region. Additional, sessions are scheduled January-June 2007• An intensive 5 day training on neglect was conducted in January 2007 by UW for neglect "specialists" from each region	Completed
<p>Implement new neglect legislation by providing training to all staff on the "GAIN -SS" mental health and substance abuse screening tool.</p> <ul style="list-style-type: none">• 48 training sessions were conducted across the state September-December 2006• Approximately 1,500 case carrying social workers and supervisors were trained• Policy to support the use of GAIN-SS was developed and became effective January 2, 2007• "GAIN-SS" training for new social workers is provided through the Social Worker Academy	Completed
<p>Implement new neglect legislation by identifying evidence-based service array needed to reduce risk of recurrence due to neglect.</p> <ul style="list-style-type: none">• Functional Family Therapy (FFT) capacity has been expanded in each region• Parent Child Interaction Therapy (PCIT) is now available in each region• The Incredible Years will be operational in 2 sites (Yakima and Everett) February 2007• Funding has been allocated to each region to purchase Cognitive Behavioral Therapy (CBT) and Trauma Focused Cognitive Behavioral Therapy (TFCBT) when it is not available through RSNs or CA clients are not eligible for services through RSNs• In cooperation with the Pierce County Health Department CA has purchased increased capacity in the Nurse Family Partnership program to serve pregnant teens in CA care.• The Nurse Family Partnership is currently available in all but Region 1, through County Health Departments. CA clients are designated a priority for this service.	Completed

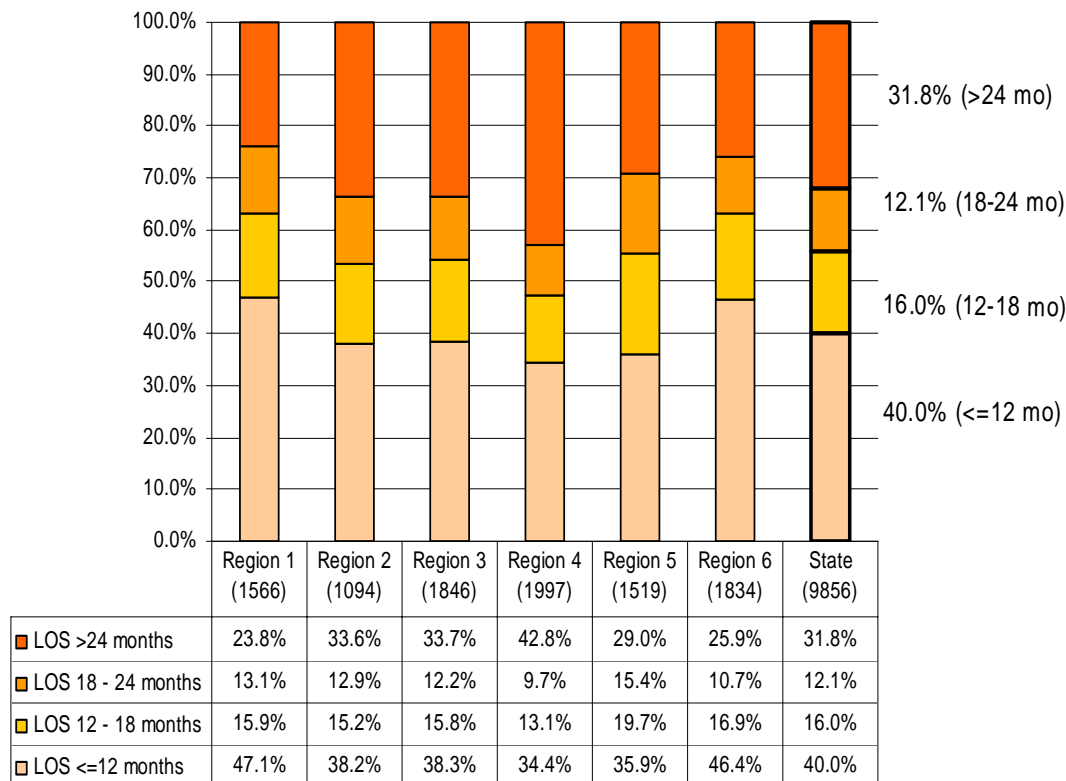
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Provide stable, nurturing, permanent placements

Snapshot of Children in Placement by Length-of-Stay

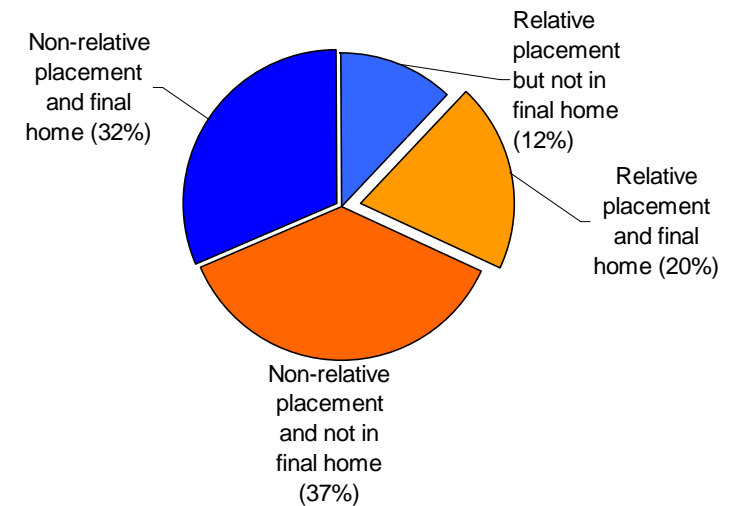
All Children in Placement by Length-of-Stay:

December 2006 (N=9,856)



Who are the children in care over 2 years?

- 43% (1,340/3,125) of them are legally free for adoption. They are in these placement categories:



Why are adoptions delayed?

- Moving children toward permanency as quickly as possible requires:
 - Concurrent planning
 - Effective recruitment of families wanting to adopt
 - Timely home study and licensing completion for parents interested in adoption
 - Ongoing management review of performance on permanency planning progress
 - A legal process with minimal delays
- Risks to adoption finalization that tend to increase with the time in care include:
 - Changes in the assigned Social Worker
 - Deterioration in the child's functioning
 - Caregiver ambivalence about adoption
 - Support for the adoption plan from relatives

DATA NOTES | CAMIS data: all children in an open episode without a completed permanency plan (excludes children in guardianships), in CA custody as of CAMIS download (Jan 2006). Length-of-stay calculated from original placement date (OPD) to end of month (source: nopenpl.xls)